

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445476	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/11/2014
NAME OF PROVIDER OR SUPPLIER ISLAND HOME PARK HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1756 HILLWOOD DRIVE KNOXVILLE, TN 37920		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A Recertification survey and complaint investigation #33294, were completed on March 11, 2014, at Island Home Park Health And Rehab. No deficiencies were cited in relation to the complaint under 42 CFR PART 483.13, Requirements for Long Term Care.	F 000	Disclaimer This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding taken:		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to complete an Interim Care Plan for one resident (#130) of twenty-nine residents reviewed. The findings included: Resident # 130 was admitted to the facility on February 24, 2014, with diagnoses including: Diabetes Mellitus II, History of Hip Fracture, Congestive Heart Failure, Dementia, and Peripheral Vascular Disease. Medical record review of the Admission / Interim Care Plan dated February 24, 2014, revealed the following problems identified without any approaches or interventions for care listed: 1) Code Status 2) Pain 3) Congestive Heart Failure 4) Diabetes Mellitus II 5) Urinary Incontinence	F 281	F281 Admission/Interim Care Plan dated February 24, 2014 was completed to reflect approaches and interventions for Resident #130 by the Director of Nursing on 3/11/14. All Admission/Interim Care Plans of residents admitted in the last 21 days who did not have a current Comprehensive Care Plan were reviewed for completion and updated as needed by the Minimum Data Set Coordinator on 3/11/14.	3/26/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281 Continued From page 1
6) Cognition - with Dementia circled
7) Falls - the resident had been assessed as
being at a high risk for falls
Interview with the Director of Nursing on March
11, 2014 at 1:10 p.m., in the Conference Room,
with the Minimum Data Set Coordinator present,
confirmed the Interim Care Plan had not
completed.

F 281 Licensed nurses were re-educated by the
Director of Nursing or the Assistant
Director of Nursing regarding the need to
fully complete the Admission/Interim
Care Plan with approaches and
interventions within 24 hours of
admission on 3/14/14, 3/19/14, 3/21/14,
3/24/14 and 3/25/14. All licensed nurses
will be re-educated regarding the need to
fully complete the Admission/Interim
Care Plan with approaches and
interventions within 24 hours of
admission before working their next shift
if they have not received this on the
above dates.

The interim care plan on all new
admissions will be reviewed at daily
weekday morning meetings by Director
of Nursing, Assistant Director of Nursing,
Minimum Data Set Coordinator and/or
Unit Manager for approaches and
interventions for identified problems. On
weekends and holidays the nursing
manager on duty or Unit Manager will
review charts of new admissions to assure
the interim care plan includes appropriate
approaches and interventions for
identified problems.

The Director of Nursing and/or the
Minimum Data Set Coordinator will
review all Admission/Interim Care Plans
weekly x 4 weeks, then monthly x 2
months for 10 residents and/or 100%
compliance. The Medical Records
Director will review Admission/Interim
Care Plans during the new admission
chart audit to assure approaches and
interventions are included for identified
problems.

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FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER

ISLAND HOME PARK HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

1758 HILLWOOD DRIVE

KNOXVILLE, TN 37920

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Results obtained will be reported by the Director of Nursing to the monthly Quality Assurance Performance Improvement meetings for review and recommendations. This committee will determine if any revisions are needed to the action plan.

Quality Assurance Performance Improvement Committee consists of Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Human Resources, Minimum Data Set Coordinator, Treatment Nurse, Admissions Director, Business Office Manager, Rehab Manager, Medical Records, Social Services, Facilities Management Director, Dietary Manager, and Activity Director. Dietician and Pharmacist reports are reviewed, and these consultants attend as needed.